

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029165

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 205

Primary Registration District No. 304

Registrar's No. 97

FILED JUL 22 1963

## 1. PLACE OF DEATH

a. COUNTY

Macon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN  
Macon

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Macon

c. CITY  
OR  
TOWN

Macon

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION  
Samaritan Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
217 Bourke

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED (Type or print)

First  
JULIA

Middle

E.

Last  
GIESELMAN

## 4. DATE OF DEATH

Month  
June

Day

18

Year

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

1-15-1887

## 9. AGE (last birthday)

76

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

At Home

## 11. BIRTHPLACE (City and state or country)

Macon, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Frank Schweikhaus

## 13b. MOTHER'S MAIDEN NAME

Emma Scheikhaus

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

Mrs. A.J. Perino Macon, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Carcinoma of Cervix

#### INTERVAL BETWEEN ONSET AND DEATH

4 1/2 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 3-12-63 to 4-18-63 and last saw her alive on 4-18-63. Death occurred at 3:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Carol T. Rinker M.D.

## 22b. ADDRESS

Macon, Mo.

## 22c. DATE SIGNED

7/1/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

6-21-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Woodlawn

## 23d. LOCATION (City, town, or county)

Macon

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Bram Funeral Home

Macon, Mo.

## 25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE

7/1/63 [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300-  
Rev. 4/59  
1 0611  
2 0611-  
3  
4 1  
5 2  
6  
7 0  
8 0  
9 71X  
10  
11  
12 1-0  
13 1-1

OCT 15 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Philip S. Bram

Licensed Embalmer No. 5182

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.